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ABSTRACT

The Secretary of Health, Education, and Welfare outlines new government antismoking policies and programs, with emphasis on education and information dissemination, regulatory action, financial and other incentives, and research efforts. (MJB)t.

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ADDRESS BY JOSEPH A. CALIFANO, JR.
SECRETARY OF HEALTH, EDUCATION, AND WELFARE
BEFORE THE
NATIONAL INTERAGENCY COUNCIL ON SMOKING AND HEALTH
SHOREHAM HOTEL
WASHINGTON, D. C.

January 11, 1978

I want to thank you, Dr. Terry -- for your remarks, and for the leadership you have given, over the years, to the public health effort that brings us here today. It gives me great pleasure to accept the chairmanship of National Education Week on Smoking.

Two and one-half years ago my son Joe, who was then 11 years old, told me that the best birthday present I could give him would be to stop smoking.

I set about then to give up cigarettes. And the best present I could give Joe turned out to be one of the hardest things I have ever tried to do.

Eventually I quit, on October 21, 1975.

Two and one-half years ago, I acted as a father and an individual.

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One year ago, I became secretary of the cabinet department responsible for the health of this nation.

It is in that capacity I speak today. I speak as a Secretary who has been studying the scientific evidence of smoking and health for the past year.

I do not bring to this podium the zeal of an ex-smoker who wants to convert the world.

From my public work in the past year, I do bring the frightening knowledge that cigarette smoking is Public Health Enemy Number One in the United States. From my private experience, I bring the knowledge that to stop smoking can be the most difficult thing a human being can do.

From my personal philosophy, I bring a profound and unyielding belief in freedom, free will and free choice. I treasure the nation which provides this to 218 million citizens.

But I recognize that a choice can be free only if it is informed, that a decision can be genuinely voluntary only if it is based on all the information.

As the chief public health officials of this government, the Surgeon General and I are determined to fulfill our responsibility to provide information to permit American citizens to make a genuinely free choice about smoking and their own health. That is one of the central objectives of the program we propose today.

Fourteen years ago today, Dr. Terry and his colleagues issued the Surgeon General's Report on Smoking and Health. Since 1950, evidence had been accumulating that a wide range of serious diseases was linked to cigarette smoking. The Surgeon General's Report confirmed that evidence beyond a reasonable scientific doubt.

The 1964 report established the causal link between cigarette smoking and lung cancer. It suggested the strong connection between smoking and heart disease. And it connected smoking with other serious, even fatal, health problems such as chronic bronchitis and emphysema. Since then, the evidence linking these killers to smoking has become overwhelming.

The Surgeon General's Report has been the basis for a wide range of efforts to reduce the ravages of smoking on

the Nation's health. In the fourteen years since the report was published, we have made real progress.

- Smokers in America have become a declining minority. In 1964, more than half the men in America were smokers; today only 39 percent smoke. There are today 14 million more ex-smokers in America than there were in 1964.

- Twenty-eight states have passed laws restricting smoking in public places and in health facilities.

- The commercial airlines, and many stores, restaurants and public buildings, limit smoking.

- Many smokers, concerned about the dangers of smoking, have switched to lower-tar and lower-nicotine brands.

- Across the nation, public interest groups have organized to discourage smoking -- and to assert the right of nonsmokers to clean air in offices and public places.

- Since 1966, every package of cigarettes has carried a warning about the health dangers of smoking; since 1971, broadcast cigarette advertising has been banned.

- Finally, the etiquette of smoking has changed, slowly but perceptibly. Once the smoker asked, "Would you like a cigarette?". Today the question is, "Do you mind if I smoke?". And more and more non-smokers are finding the courage to answer with a polite but emphatic, "Yes, I do mind."

Clearly, a great deal has been accomplished in these past fourteen years. And many of those accomplishments are the work of organizations like those represented here today: the American Cancer Society, the American Heart Association, the American Lung Association, and many others.

But clearly, much remains to be done. For, in spite of all the encouragement we have given them not to smoke, the people of the United States are still among the world's heaviest smokers. In 1976, they bought 626 billion cigarettes.

One of the most alarming developments since 1964 has been the dramatic increase in smoking by young women between 13 and 19 -- the percentage of teenage girls who smoke has almost doubled. The difference in smoking rates between teenage boys and girls has disappeared; girls are now as likely as boys to smoke.

And the pre-teen situation is even more frightening. In a major urban area on the west coast, 1 out of 20 children is smoking by age 11. Just one year older, at age 12, this figure skyrockets to 1 out of 5.

Each year, several hundred million dollars in cigarette advertising -- and the powerful habituating effect of cigarette smoking -- are a potent combination. They add up to some shocking facts about disease and death in America:

- Last year, smoking was a major factor in 220,000 deaths from heart disease; 78,000 lung cancer deaths; and 22,000 deaths from other cancers, including cancer of the mouth, cancer of the esophagus, cancer of the pancreas, cancer of the kidney and cancer of the bladder.

- 40 percent of all cancer in males is caused by smoking.

- 85 percent of deaths from bronchitis, emphysema and other lung disease would not happen -- if people would stop smoking.

- Most tragically, we now know that unborn children whose mothers smoke during pregnancy may be stillborn or developmentally deficient because of their mothers' heavy smoking.

These facts mean that people who smoke are committing slow-motion suicide. The cost in grief and sadness for the families of the victims is beyond calculation. And the economic cost is almost beyond belief: each year, according to estimates, smoking adds between $5 and $7 billion to health-care costs; the cost of lost productivity, wages and absenteeism caused by smoking is $12 to $18 billion.

Research since the 1964 Surgeon General's Report has proven that smoking is even more dangerous than we originally believed; it accounts for even more diseases and disorders than we realized fourteen years ago:

- Women who take birth control pills, for example -- particularly women aged 30 and over -- are up to 50 times more likely to have heart attacks if they smoke.

- Recent experiments have shown that babies absorb nicotine before birth, with clear effects on their respiration and other vital signs.

- There is evidence that certain industrial workers who smoke, particularly asbestos and cement workers, run dramatically greater risks of cancer and other lung disease because smoking interacts with other dangerous substances.

So the evidence of fourteen years: fourteen years of intensive biomedical research; fourteen years of expensive effort by the most skilled physicians and experts in epidemiology is clear; it cannot be ignored Smoking ruins health. Smoking kills.

Virtually all physicians accept this evidence; in no professional group has the decline in smoking been greater. And virtually all the public accepts this evidence. I know of no parents who want their children to smoke.

In fact, most smokers accept this evidence: 80 percent agree that smoking is harmful; a majority of current smokers have tried at some time to quit, but they have failed -- often, because they are addicted.

Those who ignore these facts are indulging in the most dangerous kind of wishful thinking: they are, quite literally, whistling past the cemetery in their search for a way to rationalize a habit that can become a dangerous dependency.

The few -- mostly in the cigarette industry -- who attempt to refute this overwhelming consensus of the experts are a self-interested minority. Their attempts to deny the overwhelming medical evidence about smoking and health are, in essence, an attack upon science.

The fact that Americans are still among the world's heaviest smokers; the fact that disease and death associated with smoking are so widespread and costly; the fact that new evidence implicates smoking in other serious diseases -- all these facts point to one overwhelming conclusion. We must do more, if we are serious about preventive health in America, to end this waste of life.

I am today announcing a vigorous new program on smoking and health: a program of public education, regulation, and research -- backed by higher budgets, more energetic efforts, and a renewed commitment from the government department that is charged with protecting the nation's health.

EDUCATION

The first and most important element of this new program on smoking and health will be a major public information and education effort against smoking.

Even the most comprehensive research; even the most convincing body of fact, is useless if not communicated effectively. And, in the last fourteen years, vigorous public information efforts have done the most to encourage people in America to stop smoking -- or not to start.

We intend, with the cooperation of dozens of voluntary health agencies and other groups across America, to step up existing efforts to inform and educate -- and to launch some major new initiatives.

From 1967 to 1971, broadcast announcements about smoking and health encouraged millions of citizens to quit smoking. But in 1971, cigarette advertising was banned from radio and television, and the number of anti-smoking announcements decreased sharply. Broadcasters were no longer legally bound, under the fairness doctrine of the Federal Communications Commission, to air them.

We strongly believe that the danger of smoking to the public health justifies an increase in the number of broadcast messages on smoking and health.

- I am therefore writing to the heads of the major broadcast networks, and to the National Association of Broadcasters, asking that they consider, in the interest of the public health, increasing the number of anti-smoking announcements they broadcast.

- The Department of Health, Education, and Welfare, in cooperation with the Federal Trade Commission, will petition the Federal Communications Commission to review its policies on public service announcements, so that more such announcements will be aired throughout the entire broadcast day.

Beyond this, we are taking a number of other informational and educational steps. Because smoking is a habit that leads to dependence, the only sure way to stop smoking is not to start. We will, therefore, concentrate many of our efforts on prevention among young people of school age.

- At a meeting this afternoon, I will urge the Chief School Officers of the fifty states to develop comprehensive health-education programs dealing with the dangers of smoking in every school system in the country.

- I have made the same request in a letter to each one of the Nation's 16,000 school superintendents, and have pledged cooperation and support from HEW and the U.S. Office of Education.

- The National Institute of Education and the National Institute of Child Health and Human Development will mount the most penetrating program of research ever undertaken to learn what motivates children and teenagers to smoke or not to smoke.

- The Public Health Service and the Office of Education will develop a broad public education and awareness program involving the full range of communications media to motivate teenagers -- and pre-teens -- not to smoke. As part of this public information program, we will develop and disseminate new materials and techniques to help people quit smoking.

- Finally, we will target special information and education efforts at specific high-risk groups: pregnant women, industrial workers in especially dangerous occupational settings, and persons who have health problems that are likely to be worsened by smoking.

  -- An example, which I am announcing today, concerns the increased risks of smoking for women who use birth-control pills. The Food and Drug Administration is broadly revising its labeling requirements for such pills. Part of that revision will be a prominent warning that cigarette smoking increases the risk of serious adverse effects on the heart and blood vessels, especially in users who are over 35. Every woman who takes the pill will receive a pamphlet explaining its benefits and risks -- including a prominent warning which says, "Women who use birth-control pills should not smoke."

- I am also asking the Commissioner of Food and Drugs systematically to investigate the interaction of smoking with other therapeutic drugs, so that users who smoke can be made aware of the special dangers they face. Whenever smoking increases the risk to the individual taking the drug, that fact will be prominently labeled.

REGULATION

A second major element of our program is to encourage more vigorous enforcement efforts against smoking -- and to protect the rights of the non-smoking majority in public places.

- We begin in our own HEW house. We have drafted a new Policy on Smoking in HEW-occupied buildings: as of this morning, it became the official HEW policy. This new policy bans smoking in conference rooms, classrooms, auditoriums, elevators and shuttle vehicles. Within practical limits, the work areas of smokers and non-smokers will be separate and physically distinct. In recognition of the rights of individuals who wish to continue to smoke, smoking areas will be established. But the general rule will be "No Smoking -- except in smoking areas."

Most importantly, it will be the policy of the Department that smoking in shared work areas will be prohibited at the request of non-smokers whose health is affected. It is appropriate that this department should have the strongest smoking policy in government -- one that is appropriate for the chief health agency of government.

- I am sending a copy of these new HEW guidelines to the chief executives of each of the Nation's 500 largest corporations, in the hope that they will follow this example.

- Jay Solomon, Administrator of the General Services Administration, has agreed to set up a joint HEW-GSA Working Group with a view toward strengthening GSA's anti-smoking guidelines for the more than 10,000 buildings it manages for the government. Our aim is not only to protect the health and well-being of Federal employees, but to set a standard for other employers across the Country.

- I am today writing Chairman Alfred Kahn of the Civil Aeronautics Board expressing my strong support for the amendments it has proposed:

-- First, to ban all pipe and cigar smoking on commercial airliners, and

-- Second, to provide that airline employees shall enforce the rules separating smokers and non-smokers.

-- In addition, I am urging the CAB to consider favorably a proposal to ban all smoking on commercial aircraft.

- Twenty-eight states have laws governing smoking in public places and certain facilities like hospitals and nursing homes. I am writing to the Governors and legislative leaders of states who do not have such legislation or whose legislation could be strengthened -- urging that they enact strong new "clean indoor air" laws. We are including, with our letter, a model for such state legislation, based on the best of the existing state laws, such as Minnesota's and Alaska's.

- I am directing the National Institute for Occupational Safety and Health to step up its efforts to develop standards for restricting smoking in certain

hazardous settings -- especially in such occupations as the asbestos industry, where smoking increases already-existing health hazards.

- Chairman Michael Pertschuk of the Federal Trade Commission has agreed to join in the anti-smoking program. Together with the Federal Trade Commission, we will consider recommendations to:

  -- strengthen warnings on cigarette packages and in cigarette advertisements;

  -- include tar, nicotine and carbon monixide levels on package levels and in advertising;

  -- include in advertisements warnings directed to special groups for whom the dangers of smoking are gravest;

  -- empower the Federal government to set maximum levels for hazardous substances such as tar, nicotine and carbon monoxide in cigarettes.

INCENTIVES

Third, we will explore ways of giving people more powerful incentives, financial and otherwise, to protect their health by not smoking.

- Treasury Secretary Blumenthal and I are forming an inter-departmental task force to examine tax policies relating to cigarette use. The existing Federal excise tax on cigarettes has remained unchanged at eight cents since 1951. The question of whether tax policy can influence decisions about smoking deserves careful study in the interest of the public health. The task force will examine a range of possible measures including:

  -- A general increase in the Federal excise tax on cigarettes;
  -- A graduated tax according to nicotine, tar and carbon monoxide content, giving manufacturers incentives to market less-hazardous brands, and giving smokers incentives to change to less hazardous brands.

- I am also asking major providers of health, fire, life and disability insurance to consider offering special premium discounts and other advantages to non-smokers -- so that non-smokers will no longer have to bear so heavy a part of the enormous costs generated by smokers.

RESEARCH

The fourth element of the program will be greatly expanded and more comprehensive research into the subject of smoking and health.

Over the past generation, research in the epidemiology of smoking has been well-established and has shown beyond doubt the harmful and fatal effects of smoking. Our support for continued research of this type will continue -- including research aimed at creating a less hazardous cigarette.

But several other major questions about smoking and health require more complete information:

- What more, for example, can we learn about the effects of cigarette smoke on the health of non-smokers?

- How can we identify individuals and types of smokers who are at greatest risk?

- What factors lead people to decide to smoke?

- What are the psychological, behavioral and other factors that lead to dependence upon tobacco?

- What methods and techniques are most effective in helping people overcome their addiction to cigarettes?

* * *

These, then, are the broad outlines of the program. I believe it is strong, realistic, and comprehensive: that it can build on our efforts over the past 14 years on smoking and health.

To provide leadership for this new program and for future efforts, we are establishing a new Office on Smoking and Health. The head of the Office will report directly to the Assistant Secretary for Health -- and during the early months of this program, will report directly to me as well.

Among other things, the new Office will:

-- coordinate all HEW actions on smoking and health;

-- provide "seed money" to government and voluntary agencies for research and demonstration programs;

-- oversee the development of new media and information materials on smoking and health.

Finally, I have asked the Surgeon General, in collaboration with the research community and the National Institutes of Health, to prepare, for publication next year, a new Report of the Surgeon General. This new Report will become the major compendium of research on smoking and health over the past generation.

It will, first of all, give the public the best available answers to all the new questions about smoking and health I have outlined above.

In addition, it will bring together the massive collection of existing research data on smoking and health developed since the first Surgeon General's Report in 1964.

* * *

Much of the authority for the activities of this new Office comes from the landmark legislation, "The National Consumer Health Information and Health Promotion Act of 1976", which was sponsored by House Health Subcommittee Chairman Paul Rogers.

The National Clearinghouse for Smoking and Health, which for years has coordinated our efforts in this field, will become the nucleus of this new Office on Smoking and Health. In recent years, the Clearinghouse -- the chief government action office on smoking and health -- suffered serious cutbacks in budget. Today we are moving to reverse those cutbacks. With new status and visibility, and with a broad new mandate, the Office on Smoking and Health will oversee our greatly expanded public health efforts in the anti-smoking field.

This new Office will begin operations in FY 1978 with several million dollars of reprogrammed funds. In FY 1979, it will oversee a $23 million Departmental campaign on smoking and health. In the field of information and education alone, our budget will increase from less than $1 million last year to more than $6 million to be spent next year by the new Office on Smoking and Health.

I have announced today many actions to deal with the dangers of smoking.

The major public health problems and the enormous costs created by smoking amply justify all these actions.

Clearly, the government has an obligation to proclaim in straightforward terms its commitment to fostering a healthy society. Doing this means providing a counterweight to the blandishments that are influencing thousands of young people to risk their health by smoking.

For it is a pernicious fact that tens of thousands of young people are being influenced to smoke, at grave risk to their health, by half a billion dollars' worth of advertising -- advertising designed to convince them that smoking is glamorous, adult, and sexually attractive. I believe we have a responsibility, as a society, to give them reliable information on the other side: that smoking is unhealthy, dangerous, socially expensive and a leading cause of premature death.

Otherwise, hundreds of thousands of young people will start smoking without complete information on its risks.

So this Department will place the weight of its scientific authority behind programs to inform the public -- especially the young -- about why they should not smoke and how they can quit if they wish. As the chief health officer of government, I have a duty to see that we do just that. With your help, and with the help of other organizations dedicated to the public health, we are going to do just that.

Thank you.